# Establishment of a Comprehensive Network-wide Pressure Ulcer Assessment Process: Enhancing Patient Care While Embracing the New Centers for Medicare and Medicaid Services Standards

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# Establishment of a Comprehensive Network-wide Pressure Ulcer Assessment Process:
## Enhancing Patient Care While Embracing the New Centers for Medicare and Medicaid Services Standards

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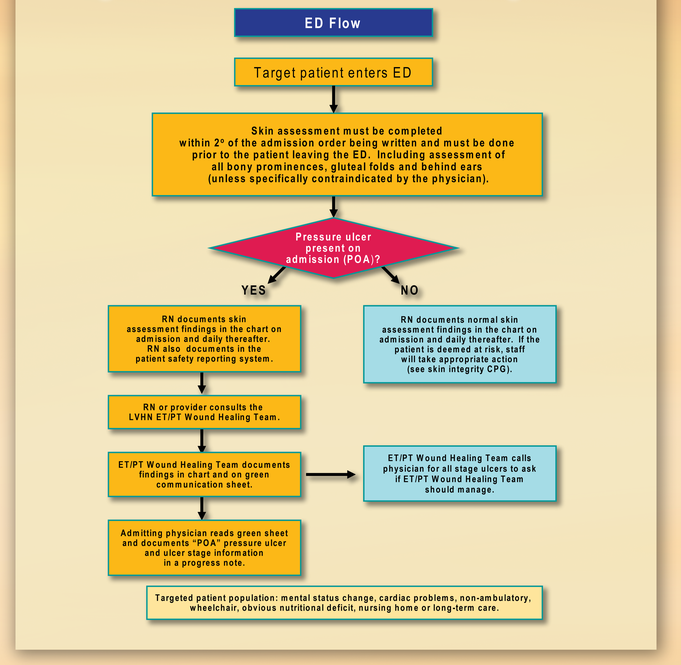
## Background and Rationale:

- Pressure ulcers (PUs) are estimated to cost U.S. healthcare organizations more than $11 billion per year
- The Centers for Medicare and Medicaid Services (CMS) is denying reimbursement for cases where a more complex diagnosis-related group (DRG) code is assigned as a result of hospital-acquired (HA) conditions which could have reasonably been prevented
  - HA PUs, particularly stage III and IV PUs, have been targeted by the CMS as preventable "never events"
- A process was designed to improve patient care and address the CMS position which would:
  - Improve recognition and documentation of PUs present-on-admission (POA)
  - Initiate early, appropriate and effective interventions
  - Identify patients at risk for HA PUs
  - Prevent PUs in at-risk patients
  - Realize a positive impact on Patient Care Services' net margin

## Methods:

- A process improvement initiative was undertaken which focused on timely PU screening and education of healthcare providers
- An multidisciplinary team was created that:
  - Identified all potential points of entry into the hospital system
  - Examined current processes of skin assessment at all points of entry
  - Developed a nurse-driven work process which supported early identification and treatment of PUs upon admission (Figure 1)

### Figure 1. Identification of PU/POA Algorithm




## Results:

- PU recognition and reporting was improved (Table 1)
- Total number of PUs recognized and reported increased by 36.3%
- Patient safety reports provided a mechanism for immediate feedback to staff at the point of service
- Initiative yielded 100% effectiveness in identification of stage III/IV PUs present-on-admission (Table 2)

### Table 1. PU Recognition and Documentation

| | Pre-Process Implementation | Post Process Implementation | Delta |
|---|---|---|---|
| Total PUs | 809 | 1103 | +36% |
| PUs Identified >24 Hours after Admission | 145 | 139 | -4.1% |
| PUs Identified < 24 Hours after Admission | 16 | 29 | +81% |
| PUs Admitted from Another Facility | 349 | 530 | +52% |
| PUs Admitted from Home | 299 | 405 | +36% |

PU = pressure ulcer.

### Table 2. PU/POA Identification Compliance

| July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 96.4%* | 100% | 97.5%* | 100% |

* = undocumented PU/POA was a stage II ulcer. PU = pressure ulcer; POA = present-on-admission.

## Conclusion:

A properly designed performance improvement process, which is multidisciplinary in nature but nurse-driven, significantly increases early identification of PU/POA and leads to improved patient care.